



Beehive College of Advance Studies

D E H R A D U N

Approved by NCTE, Ministry of HRD., Govt. of India.
Affiliated to HNB Garhwal Central University, Srinagar
Address: Beehive City, Central Hopetown. Selaqui, Dehradun
Contact: 0135 6451516, 6542249
Email: contact@beehivecollege.com
www.beehivecollege.com

Registration Form (For Session 2016 - 2017)

Note: Admission form must be filled in block letters by candidate only

Photograph

(3.5cm x 3cm)

Choice for the Course BBA BCA B.Sc. IT BPT B.Sc. Biotech B.Ed.
 M.Sc Biotech M.Sc. Micro M.Sc. Chem M.Sc. IT

Applicant's Full Name _____

Category Gen ST OBC SC Others

Date of Birth ____ (DD) ____ (MM) ____ (YYYY)

Gender Male Female

Permanent Address _____

City _____ State _____ Pin _____

Mobile Number _____ Phone _____

Email ID _____ @ _____

Father's Name _____

Mother's Name _____

Father's Mobile _____ Father's Occupation _____

Guardian Name _____

Permanent Address _____

City _____ State _____ Pin _____

Country _____ Guardian's Mobile _____

Accommodation & Transport (Accomodation is subject to availability. Option once exercised cannot be changed)

Hostel Facility Required Yes No

Transport Facility (BUS) Required Yes No

Academic Information (To be completed by the student)

	Year	Course/ Subject	Board/ University	School/ College	% Obtained
10th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12th	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
UG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Declaration by the Student

I _____ S/o,D/o _____ hereby declare that the information furnished by me in this form is correct and true in the best of my knowledge and nothing has been concealed there in. I shall abide by the College rules, general discipline, dress code and norms of Beehive College during the course tenure.

Date: _____ Place: _____

Declaration by the Parents

I _____ F/o,M/o _____ do hereby declare and affirm that I shall be responsible for the conduct and behavior of my son/daughter. I shall also be responsible for paying his/her fees and other dues of the college/University, well in time.

Date: _____ Name of Parent/Guardian _____ Signature _____

(For Office Use Only)

Admission Recommended by _____ Address _____

Admission Incharge _____ Signature _____

Fee Payment Schedule

S.No.	Date	Particulars	Amount

Fee Details

- | | | | |
|--------------------|----------------------|---------------------------------|----------------------|
| ● Registration Fee | <input type="text"/> | ● Tuition Fee | <input type="text"/> |
| ● Examination Fee | <input type="text"/> | ● College Security (Refundable) | <input type="text"/> |
| ● Uniform | <input type="text"/> | ● Library Security (Refundable) | <input type="text"/> |
| ● Books | <input type="text"/> | ● Membership BSWC | <input type="text"/> |
| ● Other Charges | <input type="text"/> | | |

Instructions

- Fee once paid will neither be refunded nor transferable under any circumstances
- It is the responsibility of the student to collect the fee installment schedule from accounts office at the time of admission.
- A fine of Rs. 50/- per day will be levied if the installment is not paid by 5th of installment due month
- Rs. 5000/- (five thousand) will be charged as readmission fee in case of non payment of fees before the last working day of the fee due month.
- All disputes are subject to jurisdiction of Dehradun only.

Date: _____ Name of Parent/ Guardian _____ Signature _____

Name of the Admission Incharge _____ Signature _____